

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

16 OCT 14 11:30 AM  
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RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

1. NAME OF COMMITTEE (in full) **Kirkpatrick for Senate** USE FEC MAILING OR TYPE OR PRINT Example: if typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **PO Box 34421**

☐ Check if different than previously reported (ACC)

**Phoenix**

CITY

**AZ**

STATE

**85067**

ZIP CODE

2. FEC IDENTIFICATION NUMBER

**C00578484**

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

**AZ**

**00**

For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)  
and/or Semi-annual Report

☒ October 15  
Quarterly Report (Q3)

☐ January 31  
Year End Report (YE)  
and/or Semi-annual Report

☐ July 31 Mid-Year Report  
(Non-election Year -  
Party/PAC) (MY) and/or  
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) This report also covers the semi-annual period  
☐ Special (12S) ☐ Convention (12C)

Election on  in the State of  See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) This report also covers the semi-annual period

Election on  in the State of  See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

This report covers **07** **01** **2016** through **09** **30** **2016** and/or ☐ January 1 - June 30  
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

**82241.77**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Asst. Mele, Steve, A.**

Signature of Treasurer **Asst. Mele, Steve, A.**

**10** **14** **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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